

**E. MEDICALLY INDIGENT PROGRAM**

**Purpose:** There are two types of emergency medical programs. The Medically Indigent (MI) program and the Alien Emergency Medical program. Both are addressed here.

**WAC 388-438-0100 Medically indigent (MI) program.**

- (1) The medically indigent (MI) program is a state funded medical program limited to coverage for emergency medical services.
  - (a) An emergency medical condition is described in WAC 388-500-0005;
  - (b) The client must have had a qualifying emergency medical condition in the month of application or within the three months immediately preceding the month of application;
  - (c) A client must have incurred an emergency medical expense requirement (EMER) of two thousand dollars per family over a twelve-month period. Qualifying EMER expenses are:
    - (i) Emergency hospital services and related physician services in a hospital; and
    - (ii) Emergency ground or air ambulance transportation to a hospital.
- (2) The EMER period:
  - (a) Begins on the first day of the month of certification for MI; and
  - (b) Continues through the last day of the following twelve-calendar months.
- (3) If a client does not meet the EMER amount within the three month base period, as described in WAC 388-519-0100, the amount incurred can be applied to any other application for MI within twelve-month period described in subsection (2).
- (4) A client is limited a singly three-month period of MI eligibility per twelve-month EMER period.

- (5) A client in a nursing facility can exceed the three-month MI eligibility limit.
- (6) Conditions which require the following services meet the definition of emergency for MI, but the client is exempt from the EMER requirement:
  - (a) Treatment under the involuntary treatment act (ITA); and
  - (b) DETOX services; and
  - (c) Institutional and/or waived services.
- (7) Pregnancy meets the definition of emergency for MI. A pregnant client must meet the EMER requirements.
- (8) Resource rules for the MI program follow the TANF and TANF-related resource rules in chapter 388-470 WAC.
- (9) If a client's income and/or resources exceed the standards for this program, as described in WAC 388-478-0070, the excess must be spent down as described in WAC 388-519-0100, for the client to be eligible for MI.
- (10) A client is not eligible for MI if they:
  - (a) Are eligible for, or receiving, any other cash or medical program; or
  - (b) Entered the state specifically to obtain medical care; or
  - (c) Are an inmate of a federal or state prison.

### CLARIFYING INFORMATION

1. When a family member has incurred the \$2000 EMER expense and another family member has an emergency medical condition during the twelve month EMER period, the family is not required to incur another EMER.

**Example** Husband met EMER and MI eligibility on 10/17/97. The twelve month EMER period for the family is 10/1/97 through 9/30/98. The wife has an

emergency medical condition, which requires hospital services on 2/10/98. Because this is within the twelve month EMER period, the family is not required to incur another \$2000.00 EMER amount.

2. The maximum period of MI for an individual is three months in a twelve month period. If another family member meets the MI emergency medical condition definition during the twelve month EMER period, a separate base period can be established for that family member. The new base period must be within the twelve month EMER period. See **SPENDDOWN**.
3. Pregnancy labor and delivery, treatment under the ITA, DETOX, and nursing facility services also meet the definition of emergency medical conditions, as described in WAC 388-500-0005, which are required for MI.
4. The client is responsible for the \$2000 EMER and any spenddown. DSHS does not cover these expenses. Hospitals generally write off the EMER expenses under charity care laws.

## WORKER RESPONSIBILITIES

1. A client's emergency medical condition, requiring hospital services, must be verified. Some conditions require medical consultant referral and approval, but others do not.
2. Use recent hospital medical records or a current physician's statement to verify that an emergency medical condition exists. The medical report should describe the client's medical condition at the time of the hospital services.
3. The diagnoses listed below do not require a medical consultant's confirmation of emergency medical condition. If otherwise eligible, approve MI.

Allergic Reaction	Heart Attack, i.e., Myocardial
Amputation of Limb	Infarction
Appendicitis	Hemorrhage, i.e., Bleeding
Asphyxia, i.e., Strangling/Drowning	Hernia, i.e., With Pain or Strangulation
Asthma, i.e. Acute	Hypothermia
Bowel Obstruction	Infection, i.e., Cellulitis or Abscess of Any
	Body Part
Bowel Perforation	Kidney Failure
Brain Injury	Kidney Infection

Burn Injury	Laceration, i.e., With Artery, Nerve or Tendon Involvement
Cancer Surgery with Radiation Therapy and Chemotherapy	Liver Failure
Cardiac Arrest	Malignant Hypertension
Cerebral Vascular Accident, i.e., Stroke (Acute)	Mental Breakdown, i.e., Psychosis
Chest Pain	Meningitis
Cholecystitis, i.e., Gallbladder Infection	Motor Vehicle Trauma
Cholelithiasis, i.e., Gallstones (Symptomatic)	Myocardial Infarction, i.e., Heart Attack
Coma	Pancreatitis
Concussion	Peptic Ulcer With Bleeding, Perforation, or Obstruction
Convulsion	Poisoning, i.e., due to Food, Drugs, Overdose
Deep Vein Thrombosis, i.e., Clot in Major Vein	Pneumonia
Depression (Major)	Pneumothorax, i.e., Collapsed Lung
Diabetic Keto-Acidosis, i.e., Diabetes Out of Control	Pregnancy, Labor and Delivery
Dislocation of Joints	Psychosis, i.e., Mental Breakdown
Ectopic Pregnancy	Respiratory Failure, i.e., Breathing Cessation
Electrocution	Seizures
Eye Injury	Shock
Fainting, i.e., Syncope	Suicidal Ideation
Fever (Symptomatic)	Sunstroke
Fracture, i.e., Broken Bones	Syncope, i.e., Fainting
Gangrene	Wounds Resulting from Trauma
Heart Failure	

4. If the client's diagnosis does not appear on the above list, or if information in the medical report are not clear, complete DSHS 14-214(X), Medical Consultant Referral, and route to:

Medical Assistance Administration  
Division of Health Services & Quality Support  
Medical Authorization & Consultation

MS 45506  
Telephone: (360) 586-5274  
FAX: (360) 586-1471

## **ACES PROCEDURES (Medically Indigent)**

### 1. Screening Procedures

- a. When a client is applying for MI, the worker needs to determine if there are other household members in the assistance unit. See **ASSISTANCE UNITS - for Medical**.
- b. Screen the client for a medical application using the date the medical emergency occurred as the date of application. This is the only program in ACES where the worker will not enter the date of request as the application date. For instructions on screening an application See **APPLICATIONS**.
- c. For MI, the information on the (INCH) screen should read:

PROG CODE = **MA**  
PROG TYPE = **R**  
MED COVRG GROUP = **M99**  
APPL DATE = **Date of Medical Emergency**

**Note:** If this information is not on the (INCH) screen, or if the (INCH) screen is blank, manually enter the program code, program type, and medical coverage group in each field.

If an assistance unit was screened with the wrong date as the application date the AU must be denied. Screen a new AU with the correct date of application.

If a client is applying for MI plus other programs, the worker needs to make sure to screen MI separate from other requested programs. Select one program at a time on the (INCH) screen. This will insure that the MI portion of the application has the correct date of application (the date the actual emergency occurred).

### 2. Processing Application

Processing MI is different from processing other types of applications. The fields in the (ALAS) and (MISC) screens become mandatory and must be completed.

Process the application as shown in **APPLICATIONS**. Complete the (ALAS) and (MISC) screens in Option [O], Interview as follows:

- a. On the (ALAS) screen enter [Y] or [N] to indicate the existence of a medical emergency. Enter verification type in the (Verification) field. Press <F1> for appropriate valid value. The Emergency Medical Date is prefilled with the date entered as the application date during screening.
  - b. On the (MISC) for the **M99** AU enter the actual date of request in the Application Override Date field. This date tracks the 45 - day count for a worker to process and finalize the application. It also allows a worker to approve medical applications three months prior to month of application.
  - c. Process and Finalize the application. See **APPLICATIONS** for further instructions and for the completion of the application. ACES will default to a three month base period for MI and certify once in a 12 month EMER period.
3. Setting the Base Period
- a. From the (AMEN) select [V], enter the AU ID. <TRANSMIT>
  - b. The Spenddown Base Period (SPBP) screen will display showing a base period of three months and the calculated net income for each month in the base period.
  - c. Any month following the ongoing month can be changed. If the income is different for these months, calculate the net income off line (manually) and reenter the correct net income.
  - d. Shorten the base period if necessary. To do this, change the end date of the base period on the (SPBP) screen.
  - e. ACES will show the total spenddown amount on the (SPAU, ELIG, and MAFI) screens. <TRANSMIT> to continue to the next screen. A Notice of Spenddown is sent to the client (do not override the notice). Override the notice only if the

EMER and/or spenddown is met.

**Note:** It is not necessary to set the base period if the worker determines that the client's medical bills will meet the EMER and/or spenddown requirement.

4. Entering the Medical Expenses

- a. From the (AMEN), select [T] and enter the AU ID. <TRANSMIT> The Spenddown Medical Expense (SDME) screen will display. Enter all of the allowable medical bills that are to be deducted from spenddown. If the (SDME) screen gets full, ACES will ask if there are any more bills and offer another screen.

**Note:** Each client in the AU has an (SDME) screen. Enter the medical expenses for each client on their own screen.

- b. Enter all of the allowable medical bills to be deducted from spenddown.
- c. Enter [Y] or [N] on the (Exp Covered) field to indicate if bills are covered or uncovered during the base period.
- d. Enter the type of expense on the (Exp Type) field. Press <F1> for appropriate valid values. Refer to section 5 for Medical Expense Type Code Explanations.
- e. Enter [Y] or [N] on the (Emer Ind) field to indicate if the expense was for an emergent medical condition.
- f. Enter the full amount of the bill, before any insurance or other third party payments are deducted, on the (Amt) field.
- g. Enter verification type for medical expense on the (Verification) field. Press <F1> for appropriate valid values. It is mandatory that medical bills used to reduce spenddown be verified.
- h. Enter the amount of expense paid by any third party (such as insurance) on the (TPL Amt) field.
- i. Enter the date of the medical service. If this is for Medicare Part B, projected insurance premiums, or any expense expected all or partly in the future, total all three months together and enter the total with the begin date of the base period.

ACES will not allow you to enter a future date.

- i. Enter [P] or [U] to indicate if the bill is paid or unpaid on the (Exp Paid) field.
- k. Enter the name of the provider of the medical services on the (Provider Name) field.

**Note:** Do not complete the (SD Use) field. ACES will complete this field.

- l. If more lines are needed to enter additional expenses, enter [Y] in the (More Med Exp) field. <TRANSMIT>
- m. <TRANSMIT> when finished entering expenses.

5. Medical Expense Type Code Explanations

- a. Use [MU] in the (Exp Type) field for medical expenses during the base period for someone for whom the client is responsible for such as a Non-applying Spouse or other related household member. These expenses are uncovered but allowable. Enter [N] in the (Exp Cvr'd) field.
- b. Use [HI] in the (Exp Type) field for medical insurance premiums. Use this code for applying client or other person for whom the client is financially responsible for.
- c. Use [PB] in the (Exp Type) field for unpaid medical bills from a period prior to the current base period. The worker must indicate the date incurred prior to the current base period for these medical expenses to be deducted. Enter [N] in the (Exp Cvr'd) field.
- d. Use [PP] in the (Exp Type) field for expenses in the base period that are covered by an MAA approved public program. Enter [Y] in the (Exp Cvr'd) field.
- e. Use [HO] in the (Exp Type) field for unpaid emergency medical bills incurred during the current base period. These bills reduce the 2,000.00\$ EMER requirement. Enter Y in the (Exp Cvr'd) field.
- f. Use [MC] in the (Exp Type) field for medical bills that reduce the client's



spenddown (if any). These bills do not apply to the EMER requirement. Not all [MC] bills are emergent, so they should be only indicated as such if they are. Enter Y in the (Exp Cvr) field.

**Note:** Do not use [PR] for MI cases. This code is valid for SSI Related Medical.

6. Initiate Spenddown Authorization

- a. From the (AMEN) select [V], enter the AU ID. <TRANSMIT>
- b. The Spenddown Base Period (SPAU) screen will display the AU net income for each month in the base period.
- c. <TRANSMIT> to have ACES confirm the spenddown calculation.
- d. The (ELIG) screen will display the results for the first month of the spenddown period. <TRANSMIT>
- e. The (MAFI) screen will display the calculation for the first benefit month in the spenddown period. Determine if the results are correct. If so, enter [N] in the (Notice override) field to allow the notice to be sent to the client.
- f. Repeat steps (4) and (5) for all months displayed.
- g. <TRANSMIT> to return to the (SPAU) screen. If the results are correct, enter [Y] in the confirm field. <TRANSMIT>

**Note:** If at any time the eligibility results are not correct, press <F3> to cancel so that the data is not saved.

7. Non-allowable bills

There is no logical coding to use for bills not allowed. ACES will not initiate a notice telling the client that a cost is not allowable. The best thing to do with medical bills that cannot be used is to separate them out and return them to the client with ACES letter SD3M NOTICE OF APPLICANT LIABILITY STATUS LIMITED CASUALTY PROGRAM (formerly DSHS 14-218(X)). On it, explain which bills cannot be used and why. For accessing the appropriate letter See **NOTICES and LETTERS**.